

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Wash Township</u> c. LENGTH OF STAY (in this place) <u>224-4m</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 3 Nevada Mo</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis City</u> d. STREET ADDRESS (If rural, give location) <u>formerly 4244 East Evans</u>	
--	--	---	--

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Ed.</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 18, 1953</u>	
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>single</u>	<b>8. DATE OF BIRTH</b> <u>June 8, 1884</u>
<b>9. AGE</b> (In years last birthday) <u>68</u>		<b>10. AGE</b> (In years last birthday) <u>68</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Market Worker</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St Louis Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>John Grundemeyer</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Julia Carrow</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Records State Hosp 3 Nevada Mo</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Intestinal Obstruction</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>few hrs</u>  <u>153XF</u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Valvulosis or Ca(?)</u>  DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Precox</u>		

<b>19a. DATE OF OPERATION</b> <u>none</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>no</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE),</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from Oct, 1939, to March 18, 1953, that I last saw the deceased alive on March 18, 1953, and that death occurred at 2:15P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Paul L. Barone, M.D.</u>		<b>23b. ADDRESS</b> <u>State Hosp 3 Nevada Mo</u>		<b>23c. DATE SIGNED</b> <u>Mar 18/53</u>	
---	--	---	--	--	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>3-19-53</u>		<b>24b. DATE</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>State Hospital Cemetery Nevada Missouri</u>		<b>24d. LOCATION</b> (City, town, or county) (State)	
---	--	------------------	--	--	--	--	--

<b>DATE REC'D BY LOCAL REG.</b> <u>3-23-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Anna E. Perry</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>James P. Barone</u>		<b>ADDRESS</b> <u>Nevada Mo</u>	
--	--	---	--	--	--	---------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Allen T. Harp

Licensed Embalmer No. 1968

P. O. Address Nevada, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.